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APPLICATION NUMBER	FILING/RECEIPT DATE		FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE	
09778084,836	04/08/99	MALY		(1)	042390.P7032

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PLAKELY SCKOLOFF TAYLOR & ZAFMAN 12400 WILSHIEL BOULEVARD 7 FH FLOOR LOS ANGELES CA 90025

NOT HISTIGNED

27:23

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NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

is given TWO MONTHS FF avoid abandonment. Exter 37 CFR 1:136(a). If any of it	ROM THE DATE OF THIS nsions of time may be obt items 1 or 3 through 5 are bliance with 37 CFR 1.27	igned to this application. The items indicated below, however, are missing. Applicant NOTICE within which to file all required items and pay any fees required below to ained by filing a petition accompanied by the extension fee under the provisions of indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 to \$130.00 for a non-small entity, must also be timely submitted in reply
If all required items on t ☐ small entity (statement	his form are filed withi nt filed) ❤ non-small ei	n the period set above, the total amount owed by applicant as a ntity is \$
 □ 1. The statutory basic □ missing. □ insufficient. Applicant must subclaiming such statut □ 2. The following addit 	e filing fee is: Omit \$ us (37 CFR 1.27).	to complete the basic filing fee and/or file a small entity statement
\$		tal claims over 20.
\$	_forin	dependent claims over 3.
3. The oath or declar is missing or us does not cover An oath or declarate the above Applicate 4. The signature(s) to 1.43 or 1.47. A properly signed of Application Number	ration: Insigned. Ithe newly submitted iter Ition in compliance with 3 Ition Number and Filing D Ithe oath or declaration in Ithe and Filing Date, is requ	Ins. The Control of Cancel additional claims for which fees are due. The Control of Control of Cancel additional claims for which fees are due. The Control of Control of Cancel of Can
An oath or declara	tion in compliance with 3	7 CFR 1.63 listing the names of all inventors and signed by the omitted above Application Number and Filing Date, is required.
☐ 6. A \$50.00 processin☐ 7. Your filing receipt w☐ 8. The application was Applicant must file	ng fee is required since as mailed in error becau filed in a language othe a verified English transla	se your check was returned without payment (37 CFR 1.21(m)). se your check was returned without payment.
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Initial Patent Examination Division (703) 308-1202